

Incident, Illness, Accident & Trauma Policy & Procedure



In early childhood illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our school is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
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PURPOSE

Farmhouse Montessori School has a duty of care to respond to and manage illnesses, accidents & trauma that occur at the school to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases. We aim to ensure the protection of the health and safety of each individual entering our premises. We recognise that from time to time accident and injuries may occur to persons on our premises.

AIMS

- To ensure appropriate first aid measures are applied promptly and efficiently.
- To ensure that parents are notified immediately of any accident or injury that requires medical attention.
- To ensure all government reporting procedures are followed.

PREVENTION OF ACCIDENTS

- Policies and procedures are reviewed regularly in relation to the safety of the children, staff and visitors to the School.
- All identified hazards will have an action plan drawn up to reduce the risk of harm.
- Staff coverage of the school is considered regularly to ensure proper supervision of the child as well as ensuring the safety of staff and others.

SCOPE

This policy applies to children, families, staff, management and visitors of the school.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

The Farmhouse Montessori School Staff and Management are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment. Symptoms indicating illness may include: Behaviour that is unusual for the individual child

- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

High Temperatures or Fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer, and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.0°C and 37.0°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the school until 24 hours after the temperature/fever has subsided.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs and child protection policy.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin
- If requested by a parent or emergency contact person, staff may administer (Child Panadol) (Check child's paperwork for consent if unable to contact parent) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded on the Illness Form, and the parent asked to sign the Medication Authorisation Form on arrival to pick up the child.

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the school and will not be permitted back for a further 24 hours after the child's last temperature
- Educators will complete an Incident, Injury, Trauma & Illness form (See appendix 1) and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Dealing with colds/flu (running nose)

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8-12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

The Farmhouse Montessori School has the right to send a children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. The school will assess each individual case prior to sending the child home.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Infectious causes of gastroenteritis include:

Viruses such as rotavirus, adenoviruses and norovirus

- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the school.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.

Please note: if there is a gastroenteritis outbreak at the school, children will be excluded from the school until the diarrhoea and/or vomiting has stopped for 48 hours.

If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

Serious Injury, Incident or Trauma -Nth Balgowlah Campus ECEC

The definition of serious incidents that must be notified to the regulatory author is:

- a) The death of a child:
 - (i) While being educated and cared for by an Education and Care Service or
 - (ii) Following an incident while being educated and cared for by an Education and Care Service.
- (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which is the Farmhouse Montessori Pre-School campus:
 - (i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - (ii) For which the child attended, or ought reasonably to have attended, a Hospital. For example: whooping cough, broken limb and anaphylaxis reaction etc
- (c) Any incident where the attendance of emergency services at the school was sought, or ought reasonably to have been sought
- (d) Any circumstance where a child being educated and cared for by an Education and Care Service
 - (i) Appears to be missing or cannot be accounted for or
 - (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
 - (iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible.

Procedure for Reporting:

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Pre-School Nth Balgowlah Campus. This

report is now done online on the ACECQA website www.acecqa.gov.au NQA ITS National Quality Agenda IT System (the only people that have access to log into this system on line are the Principal, the Pre-School Campus Authorised Supervisor the PA to the Principal and the Financial Administrator. The Principal should be advised about all of these matters however. Once they are logged in they can then complete the Serious Incident form online and submit it. The information entered should be what has been compiled and completed by the Authorised Supervisor and witnesses at the time of the Incident/Injury on the Incident, Illness, and Accident form. These forms are located in all class folders as well as the masters in the reception staff draw. (All new staff is shown the location of all paperwork at the time of commencement at the school). The information is also listed on these forms about reporting.

The Chairman of the Board is to also be notified of all serious Incidents. It will then be up to the Principal if the school insurance company will also need to be contacted.

In the case of a death/missing child at the school the Police are also to be contacted.

In all cases involving serious Injury, trauma and/or illness:-

A report of the incident must be written up as soon as practical including reports from witnesses of the event. The original is to be placed in the accident file with the signature of all witnesses and the parent as evidence of notification, one copy given to the parent and another placed in the child's individual file.

Enquiries may need to be made to determine whether the accident should be registered with the Farmhouse Montessori School's Public Liability Insurance company.

Serious Injury, Incident or Trauma -Nth Head Primary

As per the registered and accredited individual non-government schools (NSW) Manual, the Primary School has in place procedures in relations to management and reporting of serious incidents and emergencies and the pastoral care with specific reference to response to serious incidents and emergencies. This Procedure is the same as for the Nth Balgowlah campus however we do not have to notify online ACECQA we can contact the AIS for assistant. If the AIS feel that there is anyone else that the Primary school should notify they will advise us.

Trauma:-

Defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children.

Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural Response in Babies and Toddlers who have experienced trauma may include:

Avoidance of eye contact

- Loss of physical skills such as rolling over, sitting, crawling and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises

Behavioural responses for Pre-School aged children who have experiences trauma may include:

- New or increased clingy behaviour such as constantly following a parent, carer or staff around
- Anxiety when separated from parents or carers
- New problems with skills like sleeping, eating, going to the toilet and paying attention
- Shutting down and withdrawing from everyday experiences
- Difficulties enjoying activities
- Being more jumpy or easily frightened
- Physical complaints with no known cause such as stomach pains and headaches
- Blaming themselves and thinking the trauma was their fault

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to evoke a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?'). There are a number of ways for parents, Educators and staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families, Educators and Staff may include:

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

IMPLEMENTATION

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the school's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

- Parents and guardians are asked to sign a form on enrolment giving the school the right to call an ambulance to take their child to a hospital or doctor in an emergency where they cannot be contacted.
- All first aid kits are to be maintained and checked mid and at the end of each term.
- In the case of any accident or injury, staff will act immediately to administer first aid or emergency procedures.
- Parents and guardians will be notified of any incident involving accident or injury when their child is picked up on that day.

Management/Nominated Supervisor/Certified Supervisor will ensure:

- School policies and procedures are adhered to at all times
- Parents or Guardians are notified no later than 24 hours of the illness, accident or trauma occurring to their child.
- To complete an illness, accident or trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the school and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea do not prepare food for others.

- To keep cold food cold (below 5°C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)
- Incident, Injury, Trauma and Illness Records are completed accurately and within hours
- To report any illness or incidents to regulatory authorities as stated in the National Regulations.
- Notify parents of any infectious diseases circulating the school
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- First aid qualified educators are present at all times on the roster and in the school
- Exclude children from the school if they feel the child is too unwell

Educators will:

- Advise the parent to keep the child home until they are feeling well and they have not had any symptoms for at least 24-48 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in school
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register

Source

- Australian Children’s Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html3
- Staying healthy in child care. 5th Edition
- Policy Development in early childhood setting
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>
- NSW Registered and Accredited Individual Non-Government School NSW Manual 2017

Policy Review Date
Aug 2018

Temperature				
Taken by				
Name of medication administered				
Amount of medication				
Administered by				
Signature				
Checked by				
Signature				

Medical Personnel contacted: Yes/No..... If yes. Who was contacted:.....

Time MP Contacted:..... MP Contacted by:..... Arrival time of MP.....

Did the child leave school? If Yes at what time?

Notifications (including attempted notifications)

Parent/guardian: Parent/guardian:

Time:..... am/pm Date: / / Time:..... am/pm Date: / /

Time:..... am/pm Date: / / Time:..... am/pm Date: / /

Time:..... am/pm Date: / / Time:..... am/pm Date: / /

Parent's reactions?

Teacher: Time:..... am/pm Date: / / (Full Name)

Principal: Time:..... am/pm Date: / /

SERIOUS INJURY NOTIFICATION

Police Notified: Child Missing from the School or Death of a Child at the School-Both Campuses:

Y/N..... By Whom..... Method of notification.....

Board Notification:

Chairman Notified: Y/N By Whom..... Method of notification.....

School Insurance Company - AON-(If applicable)

Treatment received from Medical Personnel:..... Y/N..... Place of treatment:.....

Treating doctor:..... Medical Report attached:..... Yes/No

Staff on duty at that time.....

PRESCHOOL CHILDREN: If any preschool child has an injury that requires medical attention or is deemed to require medical attention related to the injury on the day or any time later, notification must be made to ACECQA within 24 hours of injury or notification by guardian. Primary School has no reporting authority however can contact the AIS for assistance.

ACECQA Notification of Serious Incident to be completed online and sent within 24 hours of incident by Principal. If Principal not available PA or Financial Administrator to send.

Regulatory authority notified..... Time:..... am/pm
Date: / /

Method of notification: Online Only (Hospital and or doctors paperwork can be emailed or posted later)...

Additional notes/follow up by the office (please attach extra paper if required)

Details of person completing this record

Name (full):

Signature:

Time record was made: am/pm Date record was made / /

Was a photo taken of the injury? Yes / No **If yes please ensure photo is attached.**

Was a risk assessment completed? Yes / No **Parent Acknowledgment Form must be attached.**

Principal signed:
Gavin McCormack /

PARENT NOTIFICATION AND ACKNOWLEDGEMENT

Please return to the school office with your signature

Child's Surname: Given
names:

Date of birth: / / Age:

Room:

Event:.....
.....

Treatment Applied:
.....
.....
.....

Further Comment:
.....
.....
.....

Child was collected by at :..... am /
pm

Recording Staff member:.....

Signature of Staff member: :

Name of Parent or
Guardian:.....
.....

Comment by parent.....
.....

Was Medical attention sought? If yes what type?
.....
.....

Name of attending
professional?.....
.....

(Please print Full Name)

Is a report attached? Yes / No

I have been notified of my child's incident/injury/trauma/illness at school.

Signature: D
ate: / /

(Parent/Guardian)